PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

NOV 1 2005 11:: 42A RECEIVED

or <u>Fax</u>

(571) 273-2885

| appropriate. All further cor indicated unless corrected b | respondence including the P below or directed otherwise | otant odvonaa are | fare and noti | PUBLICATION FEE (if requi fication of maintenance fees was new correspondence address; | nii he mailea to the clittent | COTTESTIONALENCE SAUTECS SS | |
|--|--|----------------------|--|--|---|-----------------------------|--|
| TOTAL CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) WILLIAM H. BOLLMAN | | | | Fee(s) Transmittal. The papers. Each additional have its own certificate. | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission | | |
| MANELLI DENISON & SELTER PLLC 2000 M STREET, NW SUITE 700 | | | | I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| WASHINGTON, DC 20036-3307 | | | | | (Depositor's name) | | |
| | | | -, | | | (Signature) | |
| · | | | | L. | | (Date) | |
| APPLICATION NO. | FILING DATE | I | FIRST NAME | D INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/471,806 | 12/23/1999 | MARTA M RAMBAUD 7978 | | | | 7978 | |
| FITLE OF INVENTION: DIGITAL ADAPTIVE EQUALIZER FOR TI/E1 LONG HAUL TRANSCEIVER 1/14/2005 MBEYENE2 00000118 09471806 | | | | | | | |
| 1_FC:1501 | | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | · NO | \$1400 | | \$0 | \$1400 | 01/31/2006 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCL ASS |] | | |
| BAYARD, E | 2638 375-232000 | | 375-232000 | • | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 | | | | 2. For printing on the patent front page, list | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a | | | | |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Agere Systems Inc. Allentown, PA | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government | | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): [X] A. L. L. Live the converted for the form of th | | | | | | | |
| ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| Advance Order - # of Copies 1 | | | | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to | | | |
| | • | ` | Deposit Acc | count Number 50 - 0687 | (enclose an extra c | copy of this form). | |
| 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | |
| Authorized Signature Well Bolf | | | Date 11/10/05 | | | | |
| Typed or printed name William H. Bollman | | | | Registration No. 36, 457 | | | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.